

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:20 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
S Radtke

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyenne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:22 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
A Castillo

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyovonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:25 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Donald E Vandervest

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Givonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:27 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
I Chiapele

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyovonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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## REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:29 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Inv Jesse Lewis

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyovonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:31 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
J Muller

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyonne L Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

## REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:33 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
R Christman

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyovonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:34 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
R Rager

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyovonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

## REMARKS

11/10/2021 - Emailed to def's supervisor

12/01/2021 - Executed waiver received via email



**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 1:38 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Sgt K Dobesh

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Jvonne L Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor  
12/01/2021 - Executed waiver received via email

**RECEIVED**

By U.S. Marshals Service, Eastern Wisconsin at 12:52 pm, Nov 10, 2021

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF Kelly Rainey	COURT CASE NUMBER 21-CV-1185
DEFENDANT Lewis et al	TYPE OF PROCESS Complaint, Orders, Notice, Waiver

**SERVE  
AT**

NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Sheriff Christopher Schmaling  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Kelly Rainey 3228 Vera Ct Mount Pleasant, WI 53403	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Employed at Racine Sheriff's Office

Signature of Attorney or other Originator requesting service on behalf of:  Kelly Rainey	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/10/2021
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Gyovonne L. Gardner	Date 11/10/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

11/10/2021 - Emailed to def's supervisor  
 12/01/2021 - Executed waiver received via email